

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

LA ETHICS AND
2008 JUL 22 PM 2:56 HP

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Hatch

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Jack Hatch

Political Party (if applicable)
Democrate

Office Sought
State Senate

District (if Senate or House)
Senate 33

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1304</u>
Logged In	<u>S</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Jack Hatch
SIGNATURE OF PERSON FILING REPORT

515-244-4418

TELEPHONE

1-21-08

DATE SIGNED

I AM FILING A End of year 2007

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

2987⁷⁸

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

19270⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

22257⁷⁸

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

11642⁶⁶

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

10615¹²

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

272⁰⁰

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hatch

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/4/07	ID# 6078 CK# 1639	Ja Physical Therapy PAC 1228 8th St, Ste 106 West Des Moines IA 50265		\$ 100 ⁰⁰	<input type="checkbox"/>
4/16/07	ID# CK# 12788	Janice A. Reinicke 7901 Roseland Drive Des Moines IA 50322		50 ⁰⁰	<input type="checkbox"/>
4/16/07	ID# CK# 1697	Gregory C. Shireman 2210 NW 137th St. Clive IA 50325		50 ⁰⁰	<input type="checkbox"/>
4/16/07	ID# CK# 6137	Renie R. Newberger 2425 S. 12th Street West Des Moines IA 50265		50 ⁰⁰	<input type="checkbox"/>
6/28/07	ID# 8251 CK# 1779	Prin PAC 711 High Street Des Moines IA 50392		600 ⁰⁰	<input type="checkbox"/>
8/14/07	ID# 8242 CK# 13397	The GlaxoSmithKline PAC Five Moore Drive Research Triangle Park, NC 27709		1250 ⁰⁰	<input type="checkbox"/>
9/14/07	ID# CK# 5187	Kent Bottles 911 18th Street Des Moines IA 50314		1000 ⁰⁰	<input type="checkbox"/>
9/14/07	ID# out of state CK# 4861	Pfizer Pac 235 East 42nd Street New York, NY 10017		500 ⁰⁰	<input type="checkbox"/>
10/1/07	ID# 6488 CK# 2007	IA Providers PAC 7025 Hickman Rd, Ste 5 Urbandale IA 50322		2500 ⁰⁰	<input type="checkbox"/>
10/1/07	ID# out of State CK# 2340	International Assoc of Fire Fighters 1750 New York Ave, NW Washington DC 20006		2000 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 8100⁰⁰

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hatch

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12/11/07	ID# CK# 3807	Steve Ackerson 1634 NW 13th St Clive IA 50325		\$ 500 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# CK# 7578	G. Michael McDaniel 2730 NW 16th Ct. Clive IA 50325		250 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# 6067 CK# 3751	IA Health Pac 6750 Westown Pkwy, #100 West Des Moines IA 50266		1000 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# CK# 1623	Richard A. Allbee P.O. Box 436 Hampton IA 50441		500 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# CK# 2622	Maureen M Cahill 815 59th Street West Des Moines IA 50266		20 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# CK# 3841	Doug Johnson 2501 N. Cheralic Ct for Grimes IA 50111 Chensvale		200 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# CK# 3840	Doug Johnson 2501 N Cheralic Ct Grimes IA 50111		100 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# CK# 3185	Susan K. Cameron 600 Brentwood Dr Waukee IA 50263		200 ⁰⁰	<input checked="" type="checkbox"/>
12/11/07	ID# CK# 1003	James M. Meyers 6600 Westown Parkway West Des Moines IA 50266		500 ⁰⁰	<input type="checkbox"/>
12/11/07	ID# CK# 1003	Michael Medved 6600 Westown Parkway West Des Moines IA 50266		500 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$370⁰⁰

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hatch

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/11/07	ID# 6058 CK# 4118	IA Chiropractic Society Pac 1605 N. Ankeny Blvd Ste 100 Ankeny IA 50023		\$ 200 ⁰⁰	<input type="checkbox"/>
12/11/07	ID# 6063 CK# 2149	IA Dental Assoc PAC 5530 West Parkway, Ste 100 Johnston IA 50131		4000 ⁰⁰	<input type="checkbox"/>
12/11/07	ID# 9764 CK# 1002	Delta Dental of IA PAC 2401 SE Tones Drive, Ste 13 Ankeny IA 50021		200 ⁰⁰	<input type="checkbox"/>
12/11/07	ID# Out St Pac CK# 7526	Waste Management PAC 701 Pennsylvania Ave, NW, Ste 590 Washington DC 20004		250 ⁰⁰	<input type="checkbox"/>
12/11/07	ID# 6098 CK# 3563	Iowa Ber Pac 321 E Walnut Ste 310 Des Moines IA 50309		300 ⁰⁰	<input type="checkbox"/>
12/11/07	ID# out of State CK# 1218	Medimmune PAC 1 Medimmune way Gaithersburg MD 20878		200 ⁰⁰	<input type="checkbox"/>
12/24/07	ID# CK# 1746	Richard A. Ahlbee PO Box 436 Hampton IA 50441		500 ⁰⁰	<input type="checkbox"/>
12/31/07	ID# 6113 CK# 4027	AFSCME/Iowa Council 61 4320 NW 2nd Ave Des Moines IA 50313		1000 ⁰⁰	<input type="checkbox"/>
12/31/07	ID# out of State CK# 1347	The Roche Good Government 340 Kingsland Street Commtee Nutley NJ 07110-1199		250 ⁰⁰	<input type="checkbox"/>
12/31/07	ID# out of State CK# 3776	Chicago & NEIL District Council of Carpenters PAC 12 E Erie Street Chicago IL 60611		500 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 7400⁰⁰

TOTAL (if last page of this schedule)

\$ 19270⁰⁰

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hatch

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/2/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	\$ 6 ⁹⁶
2/1/07	ID# CK# —	Bankers Trust 453 7th St. Des Moines IA 50304	Bank S/c	6 ⁶⁶
3/1/07	ID# CK# —	Bankers Trust 453 7th St Des Moines IA 50304	Bank S/c	6 ⁷³
3/2/07	ID# CK# 649	us Center for Citizen Diplomacy 418 38th Place Des Moines IA 50312	Dinner cost	23 ⁵⁸
4/2/07	ID# CK# —	Bankers Trust 453 7th St Des Moines IA 50304	Bank S/c	6 ⁶⁶
4/2/07	ID# CK# 597	Polk Co Democrats 5661 Fleur Drive Des Moines IA 50321	Contribution	250 ⁰⁰
4/5/07	ID# CK# 650	IA Coalition against Domestic Violence Des Moines IA	Ticket 75 ⁰⁰ Donation 50 ⁰⁰	150 ⁰⁰
5/1/07	ID# CK# —	Bankers Trust 453 7th St Des Moines IA 50304	Bank S/c	6 ⁸¹
SUB-TOTAL				\$ 457 ⁴⁰
TOTAL (if last page of this schedule)				\$ —

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hatch

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/4/07	ID# CK# 592	US Postmaster	Stamps	\$ 78 ⁰⁰
5/7/07	ID# CK# 593	State Historical Society	lunch + workshop	18 ⁰⁰
6/1/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	6 ⁷⁸
6/4/07	ID# CK# 594	Kettering Foundation 200 Commons Rd Dayton OH 45459	workshop	100 ⁰⁰
7/2/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	6 ⁸⁴
8/1/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	6 ⁷²
9/4/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	6 ⁵⁸
9/27/07	ID# CK# 595	Dahls Ingersoll Ave Des Moines IA	Postage	45 ⁶⁰
SUB-TOTAL				\$ 268 ⁵²
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hatch

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/1/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	\$ 636
11/1/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	519
12/3/07	ID# CK# —	Bankers Trust 453 7th Street Des Moines IA 50304	Bank S/c	5.19
12/23/07	ID# CK# 597	Legislative Info Office State Capital Bldg Rm G-16 Des Moines IA 50319	gifts to Health care Commission members	900 ⁰⁰
12/31/07	ID# CK# 598	Senate Majority Fund 5661 Fleur Drive Des Moines IA 50321	Contribution	1000 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 10916.74

TOTAL (if last page of this schedule) \$ 11642.66

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hatch

Reset

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/11/07	Susan K. Cameron 600 Brentwood Dr Waukegan IA 50263		Refreshments & Food for fund raiser	\$ 272 ⁰⁰	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 272⁰⁰

TOTAL (if last
page of this
schedule) \$ 272⁰⁰

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Page 1 of 1
(for Schedule E)